

Implementation of an Alcohol Improvement Programme in south London: A case study

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Summary

- Setting: local area of south London
- Organisational complexities: NHS Trusts, and other collaborations (e.g. Local Authorities)
- Driving forward improvement (with and without resources – different challenges)
- Aims and approaches
- Current situation
- “Next steps”

Background: national policy & guidance

- Government alcohol strategies
 - 2004, 2006, 2012 (another currently being developed by PHE for 2015!)
 - Low ambition and minimal impact
- NICE Clinical Guidelines
 - Diagnosis, Assessment and Management of harmful drinking and AD
 - Clinical compliance advisable and monitored but not mandatory
- Medical Royal Colleges
 - Health First – an evidence based alcohol strategy for the UK (2012)
 - Medical and evidence based recommendations, but not part of government policy
- Public Health England (to develop & support public health system)
 - Specific policy publications – None!
 - *Alcohol Care in England's Hospitals: An opportunity not to be wasted* (PHE 2014)

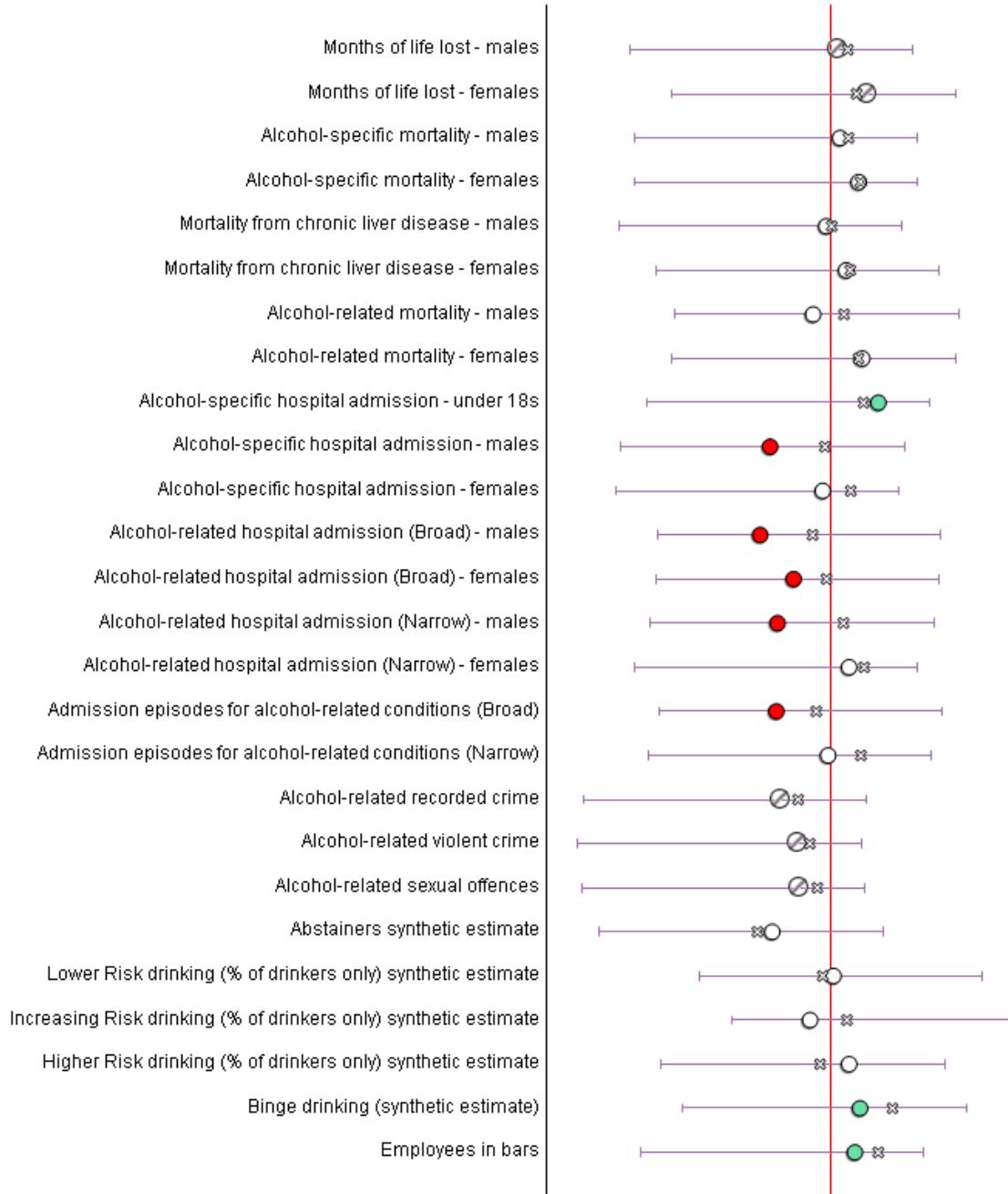
King's Health Partners (KHP)

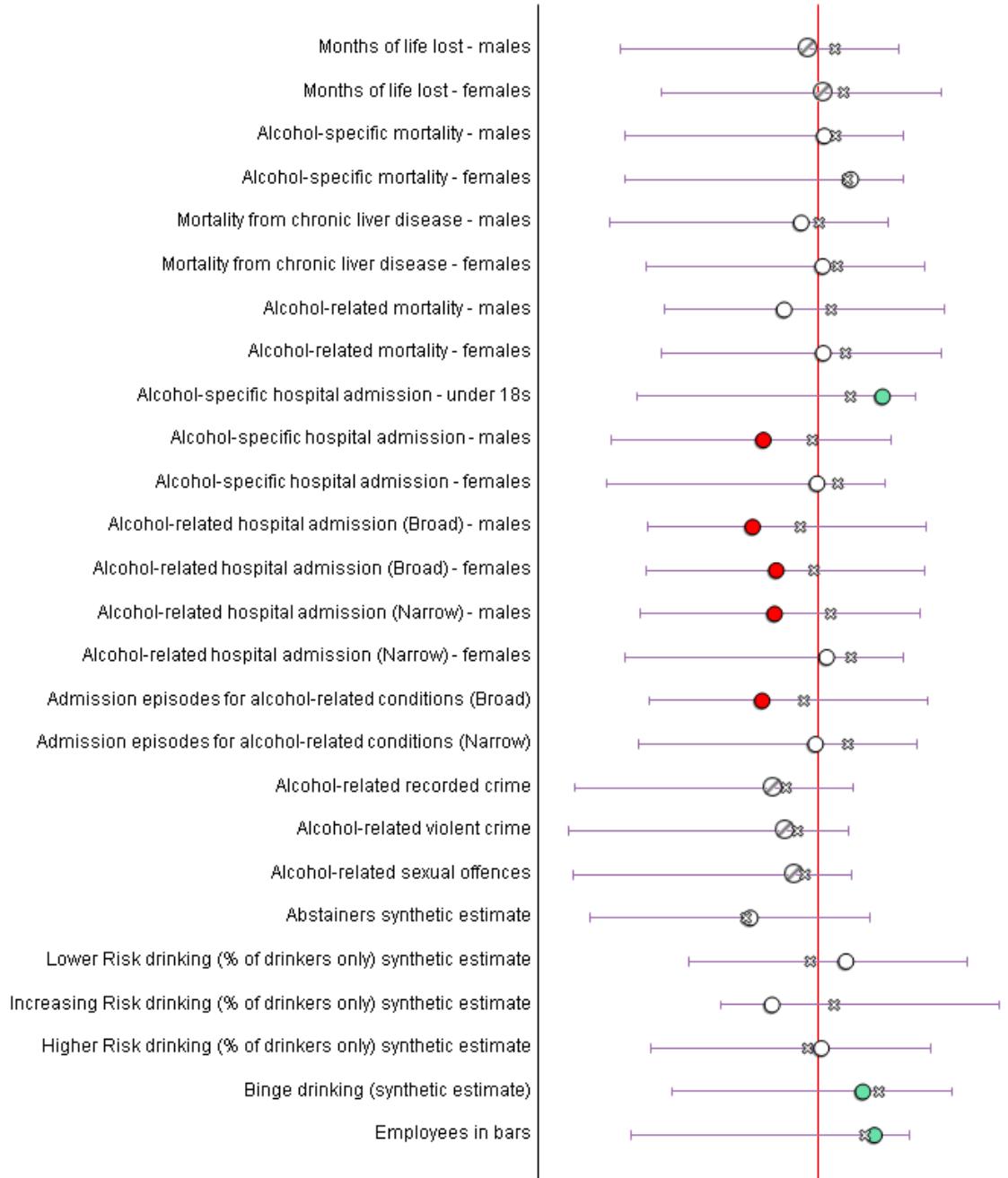
- Academic Health Sciences Centre for:
 - Guy's and St Thomas' NHS Foundation Trust (acute)
 - King's College Hospital NHS Foundation Trust (acute)
 - South London and Maudsley Foundation NHS Trust (mental health)
 - King's College London (University Health schools)
 - Largest AHSC in England
- Geography
 - London boroughs of **Lambeth, Southwark, Lewisham and Croydon**
 - One proportion of south London
- Partners remain independent (governance, finance) but shared strategies through KHP – problem?

KHP local borough data

- Lambeth
 - population: 288,700
- Southwark
 - population: 304,500
- Lewisham
 - Population: 276,900
- Croydon
 - Population: 364,800
- All high ethnic minority populations and high deprivation

LAPE Lambeth





LAPE Southwark

King's Health Partners Alcohol Strategy

- Professor of Addiction Psychiatry identified lack of / need for an Alcohol Strategy for KHP (relevance of clinical champions)
- Aims to:
 - Improve response to, and management of alcohol problems in patients across the three health trusts, in all health care settings, particularly non-specialist hospital setting
 - Improve local knowledge and monitoring of numbers, frequency and related health care activity
 - Increase staff training and reduce stigma
- How? First step: Steering Group
 - Academics and clinicians from all the KHP organisations
 - Continues to grow: addiction psychiatrists, hepatologists, emergency care physicians, public health, nurses, pharmacists...

Draft strategy – launched early 2014

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An Academic Health Sciences Centre for London

Pioneering better health for all



Good Health
An Alcohol Strategy for King's Health Partners
DRAFT FOR CONSULTATION April 2013

KING'S COLLEGE LONDON

Guy's and St Thomas' NHS Foundation Trust

King's College Hospital NHS Foundation Trust

South London and Maudsley NHS Foundation Trust

Strategy recommendations

Ambitions:

- Ensure all KHP patients are offered SBI
- ALL clinical staff to be trained to identify and give brief advice to alcohol misusing patients
- Each acute and mental health hospital to have Alcohol Care Team to support care pathways, and training of staff
- Link information systems to monitor alcohol related attendances/admissions, SBI activity & inform clinical decision-making
- Occupational health policy for NHS staff
- Communication strategy for staff and the community KHP serves
- Promote sharing, implementation and evaluation of best practice across all 12 boroughs of south London
- Information systems to monitor impact of the strategy on prevalence and clinical activity

In reality

Hurdles:

- Driven by enthusiasm and commitment
- Senior management and Directors of KHP – influence rather than implement
- Funding for such programme activity not available
- Small amounts of ‘pilot funding’ – no core funding
- KHP keenness to publicise “good news” without backing the activity required to implement!!
- Actual implementation dependent on further bidding (internally through trusts, borough commissioning groups, other external charities)

Alcohol Care Pathways Project

One year funding from Guy's and St Thomas' Charity to prepare the ground for strategy implementation

- Project team (part time, mainly clinicians, proportion of time funded for project)
- Scoping of activity, meeting staff across all areas of health care, development of training products, writing bids to acquire funding

Main products:

- Training package for non-specialist staff designed and delivered
- Alcohol liaison nurse network set up across the three trusts – meets monthly to discuss cases, best practice, provide peer support and
- Currently rolling out tools across all staff
- Programme of staff training will be delivered (with further funding)
- Achieved: clinician network and continuity of practice + improved cross-organisational communication
- Alcohol Recovery Centre at St Thomas' hospital
- One alcohol care team funded, (but short term – more work to be done

Shared protocols

- Specialists from A&E, addiction psychiatry, pharmacy and nursing from three trusts around the table

Ongoing challenges

Strategy

- No current funding for core KHP alcohol strategy project management – sustainability? KHP-wide implementation / roll-out requires dedicated resources and coordination
- Maintaining momentum of strategy steering group whilst securing funding

Clinical

- Achieving shared approach to funding bids across trusts – strategic approach rather than opportunistic
- Engaging multiple commissioners strategically (CCGs and LAs)

Training

- Core training function of Alcohol Care Teams needed balanced with direct clinical activity

Research

- Balance in activity between KHP and wider South London collaborative organisations (CLAHRC and AHSN)

About Academic Health Science Networks (AHSNs)

- The Government has established 15 AHSNs nationally – each covers a large geographical area
- The Academic Health Science Network (AHSN) for South London is called the Health Innovation Network south London (HIN)
- All AHSNs have 4 key objectives:

A. Focus on the needs of patients and local populations

B. Speed up the adoption of innovation into practice to improve clinical outcomes and patient experience

C. Build a culture of partnership and collaboration

D. Create wealth through co-development, testing, evaluation, early adoption and spread of new products and services



Health Innovation Network

- We are focusing on 5 Clinical Themes and 7 Cross-cutting Innovation Themes

Clinical Themes:

- Alcohol
- Dementia
- Diabetes
- Musculoskeletal
- Cancer

• www.hin-southlondon.org

Cross-cutting Innovation themes:

- Industry partnership (wealth creation)
- Patient and carer experience
- Informatics
- London Connect (data)
- Education and training
- Research
- Evaluation

Health Innovation Network

Role as a systems integrator and co-ordinator

- Strong collaborative relationships with partner organisations across South London, including
 - KHP, Health Education south London, and the CLAHRC (Collaboration for Leadership in Applied Health Research and Care – funded by the National Institute of Health Research)

Supporting and spreading local innovation & best practice initiatives

- Facilitating the adoption of best practice, sharing methodologies and celebrating successes, to support local innovation initiatives

Working across South London

Third Sector

- Hospices
- NFP community providers

Primary Care

- General practice
- General dental practice
- Pharmacists

Commissioners

- Clinical Commissioning Groups
- Specialised commissioning

Acute Trusts in South West London

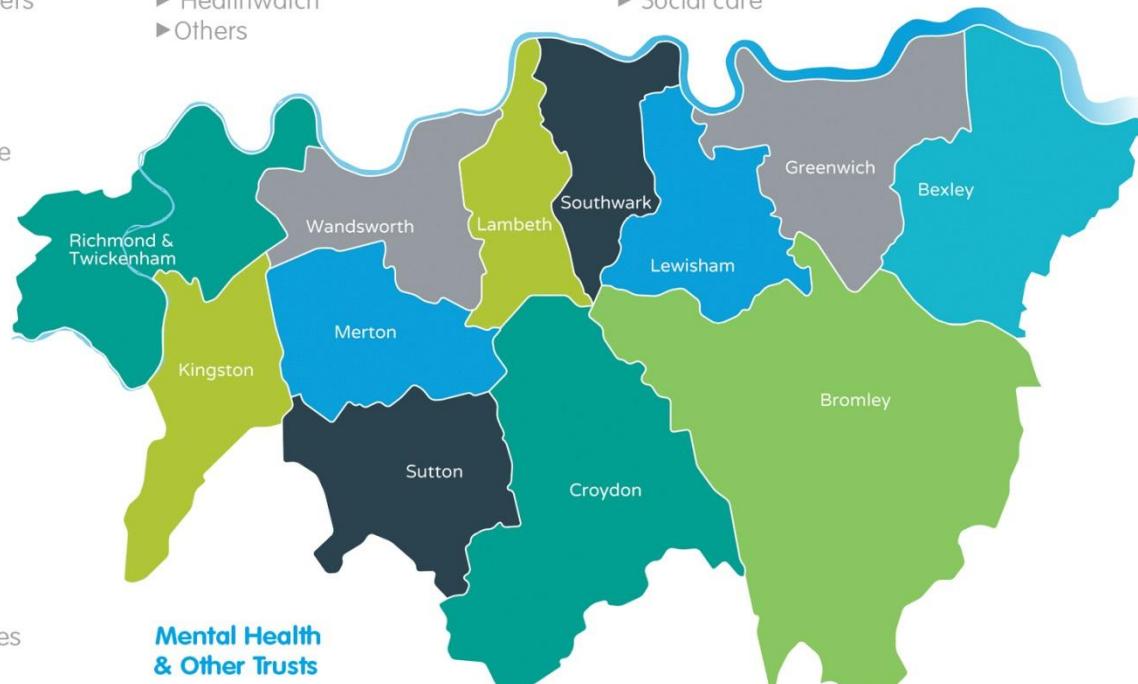
- Croydon Health Services
- Epsom & St Helier
- Kingston Hospital
- Royal Marsden Hospital
- St George's Healthcare

Other Patient & Charity Organisations

- Healthwatch
- Others

Local Authorities

- Public health
- Social care



Mental Health & Other Trusts

- Oxleas
- South London and Maudsley
- South West London and St George's

- London Ambulance Service
- London Helicopter Emergency Service

Higher Education Institutions

- Goldsmith College
- Greenwich University
- King's College London
- Kingston University
- Roehampton University
- Southbank University
- St George's University of London

Industry & Commercial Partners

- Trade Associations
- Individual companies

Acute Trusts in South East London

- Guy's and St Thomas's
- King's College Hospital
- Lewisham & Greenwich

Alcohol theme

The aim is to reduce alcohol related harm by improving services and interventions in specific areas where gains are significant, burden is high and gaps are in existence.

There are 2 sub-themes:

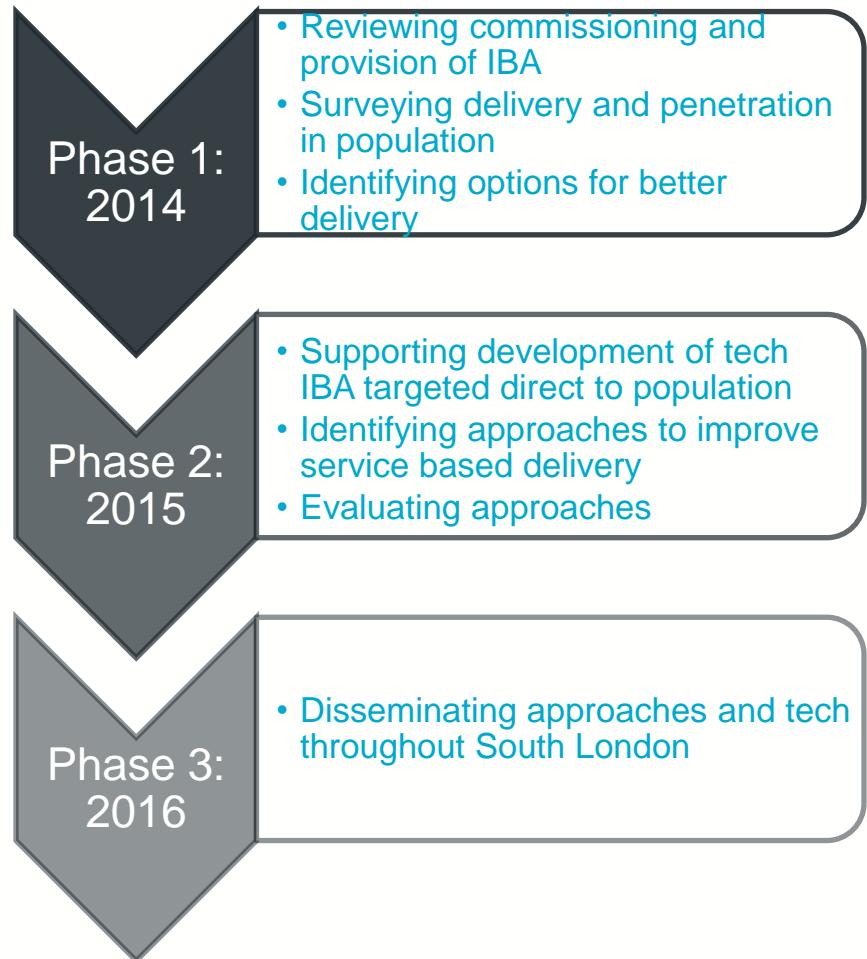
- Alcohol identification and brief advice
- Alcohol-related hospital frequent attenders

Identification and Brief Advice

Aim: To reduce alcohol related harm by developing guidance, techniques, approaches, systems and evidence for IBA to be used effectively at a population level

Phase 1 components include:

- a) Reviewing existing commissioning and delivery (IBA)
- b) Examine new options for delivery – including app based technologies
- c) Survey delivery and penetration in population



The Plan

Scope:

- Review and learn from successful models of Alcohol IBA delivery and reporting in primary care practice elsewhere
- Obtain baseline Alcohol IBA data from previous financial year from NHS England
- Within selected primary care practices in South London undertake observation of consultations and document patient pathway through the service to understand potential opportunities to improve Alcohol IBA and examples of best practice that could be shared.

Prioritise: Facilitate workshops with staff to identify drivers and barriers to IBA delivery and reporting. Prioritise areas to actively improve (ranked by primary care staff).

Improve: Utilise rapid iterative change approaches to develop aspects of IBA delivery. Measure changes and subsequent effect throughout the project.

Maintain improvements: help develop a network of interested primary care practice workers who would guide the on-going development of the South London Standard for Alcohol IBA delivery and reporting.

Electronic Brief Interventions – IBA Direct. Using social marketing techniques, working with local authorities to support mass dissemination of eBI.



Alcohol-related frequent attenders (ARFA)

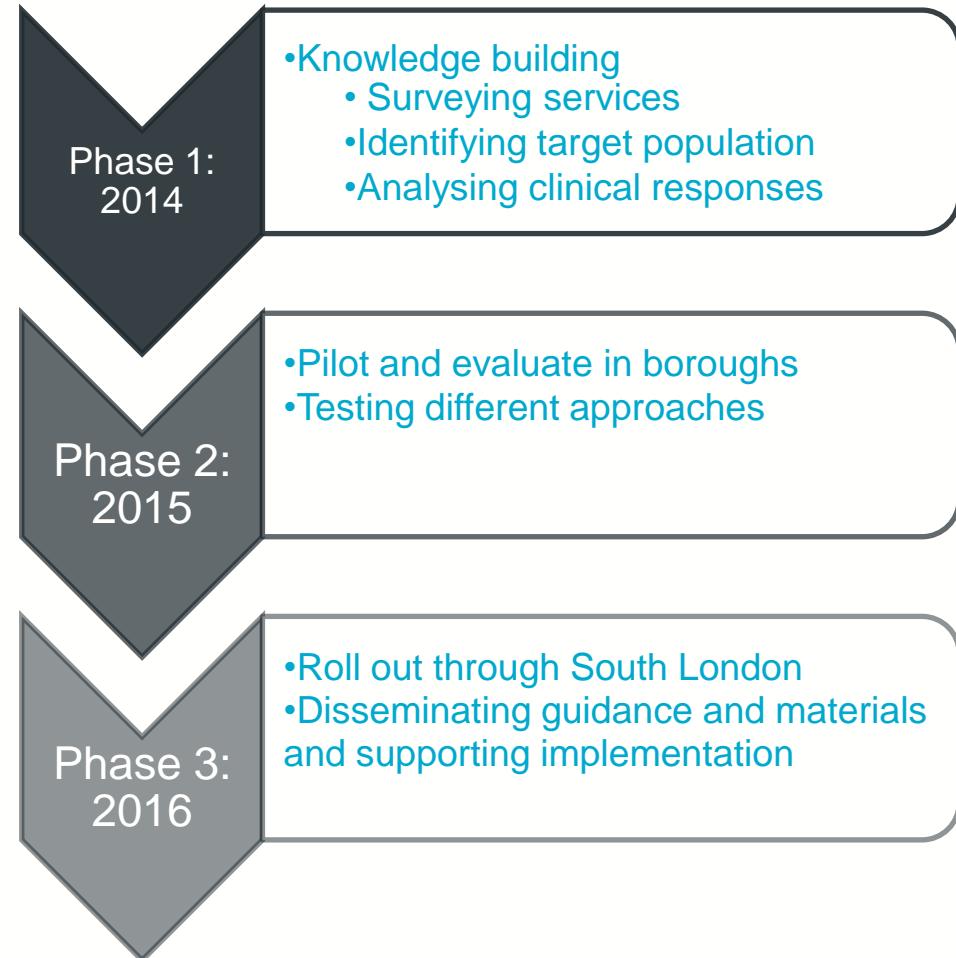
- Highly complex, chaotic group
- Multiple physical and mental health comorbidities
- Significant cross-over with homeless population
- Small number in total, but large proportion of alcohol-related burden
- Inadequate pathways in place and lack of innovative approaches to assertively engage into appropriate support
- Alcohol problem is often resolved as a result of putting in place social support in all other aspects of individual's life
- Profiling – little is known about the characteristics, presentation patterns and reported patient experiences
- Definitions and nomenclature: hard to engage (stigma), attender/admission

Alcohol-related Frequent Attenders

Aim: To reduce alcohol related harm by identifying early intervention points for Alcohol-related Frequent Attenders (AFAs) and ensuring services for them are appropriately aligned

Phase 1 components include:

- Review of commissioning arrangements and services for AFAs
- Data analysis to increase understanding of intervention points
- Evaluating an outreach service model



Use existing intelligence (research and pilot services) to provide a cohesive model and tool for local commissioners of services

Where we are now

- Alcohol now officially in top health priorities for nationally funded AHSN, providing a strong platform on which to develop projects
- Bid prepared GST Charity to trial Assertive Outreach Team (KHP)
- CLAHRC south London also has alcohol theme - strong collaboration and will add academic rigor to evaluation of work in AHSN
- Data and informatics an issue (national & local)
- Organisational cultures:
 - E.g. AHSN urgency to demonstrate results of improving services – emphasis on rapidity, rather than sufficient detailed planning for strong projects, tools, findings and max impact!